

TOWN OF FRAMINGHAM

HUMAN RESOURCES DEPARTMENT MEMORIAL BUILDING 150 CONCORD STREET FRAMINGHAM, MA 01702

Application for Employment

The Town of Framingham is an Equal Opportunity/Affirmative Action Employer.

Race, color, religion, age, sex, disability, marital or veteran status, national origin, or any other status/category protected by law are not factors in employment, promotions, compensation or working conditions.

(PLEASE PRINT)	Date of Application:			
Position(s) Applied For:				
Name:				
Address:				
Telephone:()	Best Time to Call:			
Are you under 18 years of age? ☐ YES ☐ No	O If yes, state your age			
Are you prevented from lawfully becoming emploinmigration Status? YES NO (Proof of citizenship/immigration)	•			
Have you filed an application with the Town of Fr ☐ YES ☐ NO If yes, please give date:				
Have you ever been employed with the Town of Framingham before? YES NO If yes, please give date:				
Are you employed now? □ YES □ NO May we contact your present employer? □ YES □ NO				
On what date would you be available for work?				
Are you available to work:	☐ Part Time? ☐ Temporary?			
Some positions require a valid Massachusetts Driver's License. If you wish to be considered for such a job, please respond:				
Do you have a valid Mass. driver's license If yes, what class? ☐ A ☐ B	?			

EDUCATION

In order to ensure proper evaluation of your application, <u>all</u> questions must be answered clearly, completely, and accurately. **If you need more space, please attach a separate sheet**. <u>You may attach a copy of your resume, if one is available, but not as a substitute for responding to all questions hereon.</u>

<u>attaon a</u>	. COPY OF YOUR		uestions hereo	<u>n.</u>	
		Elementary	High	College/University	Graduate/Professional
School Name) :				
Years Compl	eted/Degree:				
Diploma/Deg	ree:				
Describe cou	rse of study:				
Describe spetraining, appand extra-cuactivities:	renticeship,				
lonors Rece	ived:				
SPECIF	ALIZED S	SKILLS AND	QUALIF	ICATIONS	
Please list	: languages :	you speak, read,	and/or write:		
	Flu	ent	Good		Fair
Speak					
Read					
Write					
Please indic	ate training c	ourses/seminars r	elated to the p	osition for which you	are applying:
		rtification(s), licens ou are applying:	se(s), which yo	ou have acquired, an	d are a requirement
Please sumpplication:	marize any a	dditional skills you	feel may be he	elpful to us in consid	ering your

EMPLOYMENT EXPERIENCE

<u>Start with your present or last job</u>. Include military service assignments and verified work performed on a volunteer basis. **You may exclude organization names which indicate race, color, religion, sex, gender, national origin, disability or any other protected status.**

				disability	y or any o	other prote	ected sta	tus.			
Employe	er:			Employer: Employer:							
Address	:			Address	Address: Address:						
Supervisor:			Supervisor:			Supervisor:					
Telephone: ()			Telephone: ()				Telephone: ()				
Status:			Status:			Status:			P.T.		
Job Title	:			Job Title	:			Job Title:			
Dates E	mployed	Hourly Ra	ate/Salary	Dates E	mployed	Hourly Ra	te/Salary	Dates En	nployed	Hourly Ra	te/Salary
From	То	Start	Final	From	То	Start	Final	From	То	Start	Final
	<u> </u>									<u> </u>	
	Work Performed				Work F	Performed			Work Pe	erformed	
	Reason For Leaving			Reason For Leaving			ing Reason For Leaving				
•	•					ties/offices race, religio		l origin, age	e, or any o	other prote	cted status
•	u ever bees, pleas			r asked t	o resign	from a job	? \Box	YES	□ NC)	
What wa	as your a	ttendand	e record	at your	prior plac	ce of emplo	oyment?				
State an	y additio	nal infor	mation ye	ou feel m	nay be he	elpful to us	in consi	dering you	ır emplo	yment?	
REFE	REN	ICES									
						you, and w aracter, ab					
	1	First Refe			•	ond Refere	,	- 7 1 3	•	Reference	•
Name	-										

	First Reference	Second Reference	Third Reference
Name			
Address			
Phone			
E-mail			

* IMPORTANT: You may omit any information or answer "no record" to the <u>following two questions only</u> for the following types of convictions: (1) A first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace; or any conviction where there is a sealed record on file with the commissioner of probation; (2) A case of delinquency or child in need of services complaint which did not result in a complaint transferred to the superior court for criminal prosecution. <u>A conviction record would not necessarily be a bar to employment for all positions. Factors such as age and time of offense, seriousness and nature of the <u>violation, and rehabilitation will be taken into account.</u></u>
Have you been convicted of a felony? ☐ YES ☐ NO
Have you been convicted of a misdemeanor within the last 5 years? ☐ YES ☐ NO If yes, please explain:
APPLICANT STATEMENT
Please read carefully and initial each paragraph. IF THERE ARE ANY QUESTIONS, PLEASE ASK A HUMAN RESOURCES REPRESENTATIVE FOR ASSISTANCE
I hereby authorize the Town of Framingham, its agents and representatives to investigate my references, work records, education and other matters related to my suitability for employment
I hereby release the Town of Framingham, its agents and representatives, my current and former employers, educators, the references I have provided, and all other persons or organizations disclosed by myself from any and all claims, demands or liabilities arising out of or in any way related to investigation or disclosure related to this employment application
I understand and agree that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and the Town of Framingham
I understand and agree that <i>if offered employment</i> , I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States
I understand and agree that <i>if offered employment</i> , the offer may be contingent on several factors, depending on the position I am offered. These may include my passing a pre-employment physical and drug test, the successful completion of medical and physical abilities tests, a CORI (Criminal Offender Record Information) inquiry, and I hereby authorize disclosures of such examinations/inquiries to the Town of Framingham. I further may be required to provide proof of certifications, records, and licensures as required to perform the duties of the position I am offered, or to attend and successfully complete academy training.
I understand and agree that all appointments are probationary (typically for 6 months) and that I must demonstrate my fitness for continued employment during the probationary period. I also understand and agree that I must be available from time to time for work outside normal business hours as the needs of the department require.
I understand and agree that <i>if I accept employment</i> , I will follow all personnel policies adopted by the Town of Framingham, including but not limited to its policies regarding Harassment/Sexual Harassment, its Drug & Alcohol Policy, and any other policy as established as a condition of employment for all town employees. I understand also that I am required to abide by all rules, regulations and policies of the Town of Framingham.
I hereby certify that the information and answers herein are true and complete to the best of my knowledge. I further affirm that any omission of fact, misstatement, false or misleading information given on this application, interview, or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. My signature below certifies that I have read and understand this statement and that I agree to the terms and conditions outlined in this document
Signature of Applicant Date



Town of Framingham

Memorial Building 150 Concord Street Framingham, Massachusetts 01702 (508) 620-4847

> FRHRD G 172H

C.O.R.I. REQUEST FORM

The Town of Framingham has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of				
APPLICANT/EMPLOYE	E SIGNATURE			
*** APPLICANT/EM	IPLOYEE INFORMATION	(PLEASE PRINT) ***		
LAST NAME	FIRST NAME	MIDDLE NAME		
MAIDEN NAME OR ALIAS (IF APPLICABLE)		PLACE OF BIRTH		
	CIAL SECURITY NUMBER tequested but not required)	MOTHER'S MAIDEN NAME		
FORMER ADDRESSES:				
SEX: HEIGHT:	ftin. WEIGHT: _	EYE COLOR:		
STATE DRIVER'S LICENSE NUMBER:				
***TO BE COMPLETED BY The above information was verificated photographic identification. REQUESTED BY:	erified by reviewing the follo			
	IGNATURE OF C.O.R.I. AU	THORIZED EMPLOYEE		



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Applicant Data Record

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As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran, and other protected status of applicants. This data is for analysis and possible affirmative action only.

SUBMISSION OF INFORMATION IS VOLUNTARY AND REFUSAL TO PROVIDE IT WILL NOT HAVE ANY BEARING ON OUR EMPLOYMENT DECISION.

(PLEASE PRINT)	Date of Application:				
Position(s) Applied F	For:				
Referral Source:	☐ Job Posting ☐ Advertisement ☐ Friend ☐ Relative	☐ Job Posting ☐ Advertisement ☐ Friend ☐ Relative			
	☐ Online/Website ☐ Other				
Name:					
Street:	CityState	Zip			
* Check One:					
☐ Male ☐	☐ Female				
* Check one of the	e following racial/ethnic groups:				
☐ White ☐	☐ Black/African American ☐ Hispanic ☐ American Indian/Ala	askan Native			
☐ Asian ☐	☐ Native Hawaiian/Pacific Islander ☐ Cape Verdean ☐ Other	,			
* Check if any of the following are applicable:					
☐ Vietnam Era	a Veteran	Individual			